

STATE OF RHODE ISLAND

County of _____
Estate of _____
Alias _____
Alias _____

PROBATE COURT OF THE _____
No. _____
Date _____

APPOINTMENT OF AGENT

I, _____
Name

No. Street

City/Town State Zip Phone Number

as: ☐ Executor ☐ Administrator ☐ Guardian ☐ Other: _____

hereby appoint:

Name

No. Street

City/Town State Zip Phone Number

in said State of Rhode Island as my agent, and I do hereby stipulate and agree that the service of any legal process against me as such fiduciary if made or acknowledged by said agent, shall be of the same legal effect as if made upon me personally within said State of Rhode Island.

Signature of Fiduciary

I hereby accept the above appointment.

Signature of Resident Agent